

**DISTRICT OF COLUMBIA
2006 USMLE STEP 3 FEE FORM**

Examinee's name and "D.C." must be clearly printed on the front of the personal check, cashier's check or money order.

****SEND ONLY THE PROPERLY COMPLETED STEP 3 APPLICATION, DOCUMENTS AND PHOTO ID PAGE TO THE DC BOARD****

This fee form and fee ONLY should be sent to the Federation of State Medical Boards at the address below. Attach this form to your personal check, cashier's check or money order for **\$635.00**, made payable to "USMLE" and mail **via first class mail only** to:

Federation of State Medical Boards
c/o Wholesale Lockbox
P.O. Box 970172
Dallas, Texas 75397

Please Note: USMLE maintains a "No Refund" policy.

Please Print Legibly or Type:

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|----------------------------|------------------------------------|-----------------|
| / / | | |
| NAME (Last, First, Middle) | DATE OF BIRTH (month/day/year) | |
| - - | GENDER M OR F (circle one) | |
| SOCIAL SECURITY NUMBER | NATIONAL ID NUMBER (if applicable) | |
| MEDICAL SCHOOL NAME | DEGREE | GRADUATION DATE |
| USMLE ID NUMBER | PHONE NUMBER (with AREA CODE) | |
| ADDRESS (Street Address) | (Apt, Suite or Unit Number) | |
| (City, State, Zip Code) | EMAIL ADDRESS | |